

Section 6: Feedback Form

Purpose

Your input on your experience using the *Continuous Program Improvement (CPI) Tool Kit* is valuable. The evaluation team would like to get your feedback on the tool kit section (s) that you used this year.

Steps to follow

If you completed more than one tool, complete a separate feedback form for each tool.

Instructions for completing feedback form electronically:

1. Use your mouse or TAB key to move between the gray shaded areas. They will automatically expand as you type. To check off a box, type "X" or click on it with your mouse.
2. Save your changes by clicking File, Save As: *type in name of your agency*.
3. Email your saved document as an attachment to your Evaluation Liaison by **June 15, 2005**.
4. You may choose instead to print out the Feedback Form and fax it to **your Evaluation Liaison**.

Materials for this Section

CPI Feedback Form

Continuous Program Improvement Tool Kit Feedback Form

Agency Name:

Agency #:

Name of person completing this form:

1. Which CPI Tool did you complete?

☐ Curriculum Review Tool☐ Participant Satisfaction☐ Implementation Tool –
Educator Version☐ Training & Support Tools –
Health Educator Version☐ Implementation Tool –
Observer Version☐ Training & Support Tools –
Peer Educator Version

2. Orientation

a) The initial orientation to the *CPI Tool Kit* was adequate to get started.Strongly
Disagree

Neutral

Strongly
Agree1 ☐2 ☐3 ☐4 ☐5 ☐

b) What would have made the orientation more useful?

3. Level of Support

a) The level of support (e.g., scheduled phone or email check-ins) we received from our Evaluation Liaison was sufficient.

Strongly
Disagree

Neutral

Strongly
Agree1 ☐2 ☐3 ☐4 ☐5 ☐

b) What other types of support would have been helpful?

4. Suggestions for Improvement

a) What suggestions do you have to improve the tool that you completed and/or the instructions for the tool?

b) Please provide any other comments or suggestions about the CPI tool kit.

Thank you!